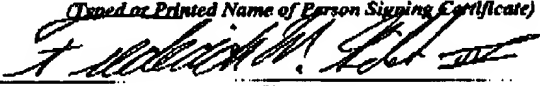
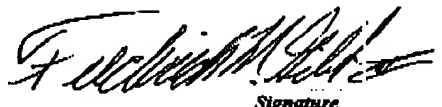


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. AM9990142
Applicant(s): Edlund et al.			
Serial No. 09/819,654	Filing Date March 29, 2001	Examiner Detwiler, Brian J.	Group Art Unit 2173
Invention: CALENDAR DESKTOP GRAPHICAL USER INTERFACE (GUI) FOR COMPUTER WORKSTATIONS, PERSONAL COMPUTERS, AND PERSONAL DIGITAL ASSISTANTS			
<p>I her by certify that this <u>1.111 Amendment</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>May 12, 2004</u> (Date)</p> <p style="text-align: center;"><u>Frederick W. Gibb, III</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

P18/REV01

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. AM9990142	
Applicant(s): Edlund et al.					
Serial No. 09/819,654	Filing Date March 29, 2001	Examiner Detwiler, Brian J.		Group Art Unit 2173	
Invention: CALENDAR DESKTOP GRAPHICAL USER INTERFACE (GUI) FOR COMPUTER WORKSTATIONS, PERSONAL COMPUTERS, AND PERSONAL DIGITAL ASSISTANTS					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	31 -	31 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	12 -	4 =	8 x	\$86.00	\$688.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$688.00
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0441 in the amount of \$688.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0441 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: May 12, 2004</div></div> <div style="margin-top: 20px;"> Signature Frederick W. Gibb, III Registration No. 37,629 McGinn & Gibb, PLLC 2568-A Riva Road, Suite 304 Annapolis, MD 21401 301-261-8071 Customer No. 29154</div>					
<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the _____ for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>					
CC:					

P11LARGE/REV06

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Edlund et al.

Serial No.: 09/819,654

Group Art Unit: 2173

Filed: March 29, 2001

Examiner: Detwiler, Brian J.

For: CALENDAR DESKTOP GRAPHICAL USER INTERFACE (GUT) FOR
COMPUTER WORKSTATIONS, PERSONAL COMPUTERS, AND PERSONAL
DIGITAL ASSISTANTS

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 C.F.R. §1.111

Sir:

In response to the Office Action mailed February 12, 2004, please amend the above-identified patent application as follows:

IN THE CLAIMS:

Please amend the claims as follows.